Januarie roby												
PATENT APPLICATION FEE DETERMINATION RI Effective December 8, 2004								Application or Docket Number 10555486				
CLAIMS AS FILED - PART I • (Column 1) (Column 2)							SMALL EN	ייייי	OR	OTHER SMALL		
U.S. NATIONAL STAGE FFES							7	RATE	FEE	1	RATE	FEE
BASIC FEE			SMALL ENT.	= \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE		OR	BASIÇ FEE	27
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100			ther situations = \$ 100 / \$ 200	1	EXAM. FEE	 		EXAM. FEE	100
SEARCH FEE			U.S. is ISA = \$1 ALL other cour \$ 200 / \$4	50 / \$ 100 ntries =	ALL	other situations = \$250 / \$ 500		SEARCH FEE			SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minu	s 100 =		/ 50 =	1	X \$ 125 =		1	X \$ 250 =	1
TOTAL CHARGEABLE CLAIMS			IH min	us 20 = .	•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			2) mi	nus 3 = ,			1	X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT				11	+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	<i>90</i> 0
œ	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FRE
	Total	. 14	Minus	- 20)	- Ø] [X \$ 25 =		OR	X \$ 50 =	
	Independent	· 2	Minus	6	3	- O		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	\cdot
								TOTAL ADDIT. FFF		ÖR	TOTAL ADDIT. FFF	(
		(Column 1)		(Calum	n 2)	(Column 3)	٠			-		. ,
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	1 1	X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		= /		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
								•				
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 												

FORM 9TO-875 (Rev. 02/2005)